X	"Express Mail" mailing label No.	ET753588891US	Date of Dep	osit 10/10	/01
I here	by certify that this paper is being deposited	d with the United States P	ostal Service "Express !	Mail Post Office to Addre	essee"
servi	te under 37 CFR 1.10 on the date indicated	above and is addressed to	the Assistant Commis	sioner for Patents, Washi	ngton
D.C.	20231.		M	Sola 1 /	
}			1 1 1850	Mary Ellen Donovan	
_			DOCKET	NO. (Optional)	· · · · · · · · · · · · · · · · · · ·
PA	TENT APPLICATION TRANSMITTAL	FORM	H000154		
	he Assistant Commissioner for Patents:	G	. Rohrbach, R. Johnson . Zulauf	, P. Unger, G. Jones, D.	Bause and
i rau	smitted herewith for filing is the patent ap	prication or		· · · · · · · · · · · · · · · · · · ·	
enti	led FILTER APPARATUS FOR READ METHODS OF USING SA		ONTAINING COMPO	DUNDS FROM LIQUII	FUELS,
Enc	losed are:				
X	11 sheets of drawi	ngs.			
太	an assignment of the invention to:	Honeywell Internation	al Inc.		
V					
	Executed declaration of the inventors.				
<u></u>	a certified copy of a		applicatio	n.	
	associate power of attorney.				
	a verified statement to establish small ent	tity status under 37 CFR 1	.9 and 1.27.		
	information disclosure statement, PTO 14	449,		Refe	erences
	preliminary amendment.				
 	1				
	other:		·		
	1	NUMBER	NUMBER	RATE	FEE
	other:	FILED	EXTRA	·	
	other:	FILED	EXTRA	\$ 740.00	FEE \$740.00
101	other: SIC FEE FAL CLAIMS	FILED 20-20	EXTRA	\$ 740.00 18.00	\$740.00
TO:	other: SIC FEE FAL CLAIMS EPENDENT CLAIMS	20-20 5-3	EXTRA 2	\$ 740.00	
TO INE MU	other: SIC FEE FAL CLAIMS	20-20 5-3	EXTRA 2	\$ 740.00 18.00	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT	20-20 5-3	EXTRA 2	\$ 740.00 18.00 84.00	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JMBER EXTRA MUST BE ZERO OR RGER	20-20 5-3	EXTRA 2	\$ 740.00 18.00 84.00 TOTAL	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$	20-20 5-3	to cover the filing for	\$ 740.00 18.00 84.00 TOTAL	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JIMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby as	20-20 5-3 Ithorized to charge and cr	to cover the filing for	\$ 740.00 18.00 84.00 TOTAL	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT IMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby at as described below. I have enclosed a du	20-20 5-3 Inthorized to charge and cruplicate copy of this sheet	to cover the filing feedit Deposit Account N	\$ 740.00 18.00 84.00 TOTAL	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JIMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby as	20-20 5-3 Inthorized to charge and cruplicate copy of this sheet	to cover the filing for	\$ 740.00 18.00 84.00 TOTAL	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT IMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby at as described below. I have enclosed a du	20-20 5-3 Inthorized to charge and cruplicate copy of this sheet	to cover the filing feedit Deposit Account N	\$ 740.00 18.00 84.00 TOTAL	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby at as described below. I have enclosed a du Charge the amount of \$ 908.0	20-20 5-3 Inthorized to charge and craplicate copy of this sheet	to cover the filing for edit Deposit Account Nas filing fee.	\$ 740.00 18.00 84.00 TOTAL	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby at as described below. I have enclosed a du Charge the amount of \$ Credit any overpayment. Charge any additional filing fees re October 10, 2001	20-20 5-3 Inthorized to charge and craplicate copy of this sheet	to cover the filing for edit Deposit Account Nas filing fee.	\$ 740.00 18.00 84.00 TOTAL re is enclosed. 10. 01-112:	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby at as described below. I have enclosed a du Charge the amount of \$ Credit any overpayment. Charge any additional filing fees re-	20-20 5-3 In thorized to charge and cruplicate copy of this sheet 200 equired under 37 CFR 1.1	to cover the filing for edit Deposit Account Nas filing fee.	\$ 740.00 18.00 84.00 TOTAL	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby at as described below. I have enclosed a du Charge the amount of \$ Credit any overpayment. Charge any additional filing fees re October 10, 2001	20-20 5-3 In thorized to charge and craplicate copy of this sheet 200 Equired under 37 CFR 1.1	to cover the filing for edit Deposit Account No. as filing fee. 6 and 1.17. Signature of the filing for the filing fee.	\$ 740.00 18.00 84.00 TOTAL re is enclosed. 10. 01-112:	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby at as described below. I have enclosed a du Charge the amount of \$ Credit any overpayment. Charge any additional filing fees re October 10, 2001	20-20 5-3 In thorized to charge and cruplicate copy of this sheet 200 equired under 37 CFR 1.1	to cover the filing for edit Deposit Account Notes as filing fee. 6 and 1.17. Signature 1.18. L. Marshall Attor 78	\$ 740.00 18.00 84.00 TOTAL re is enclosed. ro. 01-112:	\$740.00
NU *NU	other: SIC FEE FAL CLAIMS EPPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRESENT JMBER EXTRA MUST BE ZERO OR RGER A check in the amount of \$ The Assistant Commissioner is hereby at as described below. I have enclosed a du Charge the amount of \$ Credit any overpayment. Charge any additional filing fees re October 10, 2001	20-20 5-3 In thorized to charge and craplicate copy of this sheet 200 Equired under 37 CFR 1.1 Paul 31,1	to cover the filing for edit Deposit Account Notes as filing fee. 6 and 1.17. Signature 1.18. L. Marshall Attor 78	\$ 740.00 18.00 84.00 TOTAL re is enclosed. o. 01-112:	\$740.00